



MILITARY ORDER OF THE PURPLE HEART

CHARTERED BY CONGRESS

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STATEMENT FOR THE RECORD

SUBMITTED BY

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MILITARY ORDER OF THE PURPLE HEART

TO

THE HOUSE OF REPRESENTATIVES COMMITTEE ON VETERANS' AFFAIRS

WITH RESPECT TO

“Overcoming PTSD: Assessing VA’s Efforts to Promote Wellness and Healing”

WASHINGTON, DC

JUNE 7, 2017

Chairman Roe, Ranking Member Walz, and Members of the Committee, on behalf of the Military Order of the Purple Heart (MOPH), whose membership is comprised entirely of combat wounded veterans, I thank you for allowing us to testify today on mental health care provided by the Department of Veterans Affairs (VA), particularly as it relates to posttraumatic stress disorder (PTSD). MOPH appreciates the effort that you and the committee have dedicated to this important topic in recent years, and we are grateful for the opportunity to submit our views.

Due to the nature of the membership criteria of our organization, MOPH members suffer from PTSD at a relatively high rate. This is no surprise, since every Purple Heart recipient has experienced direct combat with enemy forces. This also means that a large percentage of MOPH members are consumers of VA mental health care. In listening to them, we have identified many of the challenges that VA faces in providing that care, and would like to offer a number of solutions.

One improvement MOPH supports is requiring VA to track and report wait times according to the next available appointment. While we understand that wait times are only one component of gauging access, we feel that VA’s current practice of tracking appointment wait times for established enrollees based on the “Patient-Indicated Date” does not always accurately reflect the veteran experience. For instance, VA currently reports that the average wait time for a mental health appointment at the Washington, DC VA Medical Center (VAMC) is two days. Veterans enrolled at the DC, VAMC, however, know that they can often expect that a mental health appointment will not be available until weeks after they call to schedule. MOPH feels that tracking and reporting the time veterans are waiting for the next available appointment would give VA and Congress a better idea of where and to what degree VA is struggling to meet demand, so that appropriate resources can be allocated to those locations.

It is noteworthy that VA recently established a new interactive website that allows veterans to compare appointment wait times at different VA facilities, and the intent of this website to increase transparency is commendable. Still, the data that the website uses is based on the “Patient-Indicated Date” for established veterans. For this reason, MOPH believes that the data on the site risks creating unreasonable expectations for the veterans who view it. We believe that the data reported on the site should include wait times for the next available appointment in addition to wait times from the “Patient-Indicated Date,” so as to more accurately reflect the veteran experience at each VA facility.

Another way VA could improve access to mental health care, and all care in general, would be to offer extended operating hours during nights and weekends at VAMCs. Currently, most VAMCs only schedule outpatient appointments from 8:00 am to 4:30 pm, Monday through Friday. Scheduling appointments on nights and weekends would not only grant more timely access to all veterans, it would also offer more convenient options for veterans who work full time during normal business hours. While MOPH understands that this would require additional resources, as well as a shift in culture for VA employees and new workforce management strategies for administrators, we firmly believe that offering extended appointment hours would be an efficient means of maximizing access without the need for additional capital assets.

MOPH also believes that VA facilities could work to broaden the array of PTSD services they offer. Currently, many VAMCs offer psychiatric services, in addition to intensive outpatient PTSD counseling. This counseling may be in group or individual settings, but often requires the veteran to agree to lengthy treatments several days a week for a number of weeks at a time. Again, for veterans who work full time, this may be impossible, even if they are suffering significantly from PTSD. Vet Centers, by comparison, offer mental health counseling as needed to both combat veterans and their families, either by appointment or on a drop-in basis, often during non-traditional hours. MOPH believes that the range of mental health services at VAMCs would be greatly improved if they offered a similar model as an option.

It should be noted that Vet Centers were established during the Post-Vietnam era, when many veterans felt uncomfortable receiving care at VAMCs. MOPH believes that those attitudes have shifted for many veterans as times have changed. Today, many veterans prefer to receive all their care from the VAMC, rather than receiving most of their care at the VAMC, and then having to adapt to a new environment to receive PTSD counseling. Additionally, VAMCs are geographically more accessible for some veterans. To be clear, MOPH strongly supports Vet Centers as a proven model, and believes they should continue to exist as they currently do. We simply believe that the more informal counseling setting they offer should also be incorporated at VAMCs wherever possible.

MOPH would also like to see VA pilot certain complementary and alternative medicine (CAM) PTSD treatments that it does not currently offer. In recent years, VA has made great strides in increasing CAM options, to include therapies such as yoga, meditation, and acupuncture, which we find commendable. However, MOPH believes that VA should begin trials with other alternative therapies such as hyperbaric oxygen therapy (HBOT) and magnetic EEG/EKG guided resonance therapy. Although these therapies are unconventional, MOPH has heard anecdotal accounts from our members who have used these therapies that they were highly successful in treating

PTSD symptoms. We believe that the potential benefits of these therapies warrants further exploration, which is why we support Representative Knight's H.R. 1162, the *No Hero Left Untreated Act*, which would establish a pilot program to treat a small number of veterans with magnetic EEG/EKG guided resonance therapy, and also support the establishment of a similar VA pilot program for HBOT.

Another non-traditional treatment for PTSD that many members of MOPH find helpful is canine therapy. Service dogs not only make veterans with PTSD feel more secure in stressful situations, but many find the act of caring for an animal therapeutic in itself. MOPH believes that other veterans could also receive therapeutic benefits from training service dogs to be used by other veterans. Accordingly, we support Representative Stivers' H.R. 2225, the *Veterans Dog Training Therapy Act*, which would direct VA to carry out a pilot program on dog training therapy.

MOPH also believes that veterans with other than honorable (OTH) discharges should be entitled to emergent mental health care, at a minimum. While we agree that certain VA benefits and services should be reserved for those who received honorable discharges, we believe that it is cruel and unnecessary to deny care to anyone who served our country when they are in an hour of great need. Furthermore, our nation can never hope to fully eliminate veteran suicide if we deny any and all care to this population. We recognize that Secretary Shulkin recently announced that VA would begin treating OTH veterans in mental health crisis, and for that, he should be commended. Still, MOPH believes that this policy should be codified. For this reason, we support Representative Coffman's H.R. 918, the *Veteran Urgent Access to Mental Healthcare Act*, which would require VA to furnish certain mental health services to veterans who are not otherwise eligible.

With regards to the Veterans Benefits Administration, MOPH would like to take this opportunity to voice our strong opposition to the provision of the current VA budget proposal that calls for the elimination of individual unemployability (IU) benefits for veterans age 62 and over. Many veterans receiving IU benefits are unable to work entirely or in part due to PTSD. Taking away this benefit that they rely on when they reach a certain age is not only arbitrary; it would certainly create a stressor that would seriously exacerbate the mental health conditions that entitled them to the benefit in the first place.

While we understand the rationale that allowing veterans to simultaneously collect IU and Social Security retirement benefits could be considered a "duplication of services," we feel this argument is deeply flawed. Many veterans are unable to work the majority of their lives, denying them the opportunity to pay enough money into Social Security to receive any meaningful retirement benefit at age 62. Cutting them off from IU benefits with no other benefits to fall back on would seriously jeopardize their ability to support themselves. Additionally, they would lose a host of other benefits as a result, including but not limited to, CHAMPVA, education benefits for their children, and military base access. In the past two weeks, MOPH has been inundated with calls and emails from our members voicing their deep concerns about this proposal. Therefore, MOPH asks that Congress reject this misguided provision of the VA budget request.

Chairman Roe, Ranking Member Walz, this concludes my testimony. Once again, I thank you for the opportunity to submit this statement, and I am happy to answer any questions you or the other Members of the Committee may have.

Disclosure of Federal Grants and Contracts:

The Military Order of the Purple Heart (MILITARY ORDER OF THE PURPLE HEART) does not currently receive, nor has MILITARY ORDER OF THE PURPLE HEART ever received any federal money for grants or contracts other than the routine allocation of office space and associated resources at government facilities for outreach and direct veteran assistance services through its Department of Veterans' Affairs accredited National Service Officer Program.